

UK Advisory Forums – Scotland

31 October 2017

13:00-16:00

GMC Scotland office

The Tun, 4 Jackson's Entry

Edinburgh, EH8 8PJ

Agenda

Time	Lead	Theme and topic/s
13:00	Lunch	
13:30	Chair	Welcome and Chair's introduction
13:40	Victoria Carson	Review of actions from previous meeting
13:50	Systems and collective assurance	
13:50	Paul Buckley	1. GMC data and its contribution
14:05	Brian Robson/Steven Wilson (HIS)	2. Information sharing for Health and Social Care Group – Annual Report and consideration of professional regulator data
14:25	All	3. Discussion
14:35	Medical workforce, quality and safety	
14:35	Charlie Massey and Colin Melville	1. International recruitment, facilitating a more numerous and flexible workforce

14:50	Cat Harley	2. International Medical Training Fellowship – an example Collaboration between Scottish Academy/GMC/Scottish Government Workforce
15:00	All	3. Discussion
15:15	Upstream regulation: preventing harm and supporting professionalism	
15:15	Susan Goldsmith	1. GMC Strategy 2018-2021 overview
15:25	Nicola Cotter, Dr Saeed, Dr Al-Sadi	2. Presentation – promoting GMC standards, supporting the frontline including a presentation from Refugee Doctors in Scotland
15:40	All	3. Discussion
15:50	Chair	Review of actions and AOB
16:00	Chair	Close

Report title:	GMC Update
Report by:	Shane Carmichael , Assistant Director, Strategy and Communication Directorate shane.carmichael@gmc-uk.org , 020 7189 5259
Action:	To consider

Executive summary

This paper provides an update on progress against a number of our priorities and key projects for 2017. Elements of the paper will form a basis for discussion at the Forum. Key points for Advisory Forum members to note:

- Through the launch of our new data tools - the *Designated Body Dashboard* and [GMC Data Explorer](#) - we continue to develop our approach to providing the healthcare systems and partners with valuable data on the medical profession and the environments in which they work and train.
- We are considering our response to the Department of Health (England) consultation on [The Regulation of Medical Associate Professionals](#). Additionally we continue to explore with the Department of Health (England) and others, options for wider legislative reform which would support our aspirations for increasingly agile, targeted and proportionate regulation and look forward to the anticipated public consultation on this.
- We have reviewed all responses to our consultation on the Medical Licensing Assessment (MLA), which broadly support the aim of the MLA but also raise some practical concerns including the common clinical and professional skills assessment. We continue to engage with our stakeholders across the UK to inform our proposals. Concurrently, we are consulting on our [Outcomes for graduates](#) so that these are up to date and can appropriately inform the development of the MLA.

Recommendation:

Members are asked to consider this update ahead of discussion at the Advisory Forum meeting. In particular, we are keen to hear suggestions as to how this programme of work can best be delivered as well as any queries, advice or concerns members may have.

Updates

Systems and collective assurance

Sharing GMC Data

- 1** We are responsible for a wealth of information about the medical profession and medical practice, as well as the environments in which doctors' train and work. In doing so we have unique data which we currently share with relevant organisations so they can use this alongside their own data to identify and respond to patterns of both risk and good practice at individual, organisation and system level.
- 2** We are developing our approach to sharing this data, including increasing the provision of four-country data and analysis in our publications, and developing new tools for our stakeholders and the public to understand our data. The latest of these tools are the Designated Body dashboard and [GMC Data Explorer](#). We will be providing an update on these tools and GMC data more broadly, including how it might be used by partners to support safety and quality.
- 3** An update on our NTS data and analysis is provided later in this paper.

Collective Assurance

- 4** We continue to build on our relationships with other regulators and patient safety bodies across the UK for the purposes of collective assurance. In England we are now members of the Joint Strategic Oversight Group which brings together partners including the Care Quality Commission (CQC), NHS Improvement (NHSI) and Health Education England (HEE) to share data and insights on the wider health system.
- 5** This reflects our work on Risk Summits with Healthcare Inspectorate Wales (HIW), and our contribution to the National Information Sharing Group in Scotland led by Healthcare Improvement Scotland (HIS) and NHS Education Scotland (NES). We are keen to develop our contribution to these important initiatives and are also in the process of developing our information sharing agreement with the Regulation and Quality Improvement Authority (RQIA) in Northern Ireland.
- 6** We will provide further updates on this work and how it will be reflected in our new Corporate Strategy at the Forum.

State of Medical Education and Practice (SoMEP)

- 7** Currently we are in the process of preparing our annual report on the state of medical education and practice. The report will provide an analysis of the medical profession

today, emerging trends and issues in practise and some of the wider challenges and opportunities facing the healthcare systems across the UK.

8 We aim to publish this in December 2017.

Fitness to Practise reforms

9 There have been a number of recent developments to reduce the impact of our fitness to practise process for all involved:

- Improving the way we work with doctors with health concerns.
- Changing the information we publish about fitness to practise sanctions.
- Enhancing our [patient liaison service](#).

10 In June 2017, we started a new series of communications to help doctors and other key audiences better understand our fitness to practise procedures, using #GMCexplained. This was prompted by intelligence from our regional and devolved office liaison teams and the 2016 Tracking Survey, which identified a number of misconceptions about the way we work.

Medical workforce, quality and safety

Brexit

11 In June 2017, the UK Government published its [policy paper](#) on the status of European Economic Area (EEA) nationals after the UK's withdrawal from the European Union (EU). It has confirmed an intention to recognise existing professional qualifications after Brexit and to preserve the ability of these professionals to practise. The legal framework for qualifications obtained post-2019 is yet to be determined.

12 In that light, we continue to make our longstanding case for reform to the Recognition of Professional Qualifications (RPQ) framework, including reforms to enable us to assess the competency of EEA doctors and to ensure a single route to the medical register for all doctors in the future, regardless of where they qualified.

13 The Department of Health England is currently exploring what amendments would be needed to the Medical Act in the event of the various EU exit scenarios. We are working with the Department to identify which pieces of primary and secondary legislation impact on our work and may need re-drafting. Officials hope to introduce the necessary legislative changes via the special powers in the proposed EU Withdrawal Bill rather than via Section 60 Orders.

- 14** The legal framework for qualifications obtained post-2019 is yet to be determined. In the event that no deal is reached on Brexit, EEA doctors may fall into the International Medical Graduates (IMG) category. This would have a significant operational impact, with an increased number of doctors required to take the Professional and Linguistic Assessments Board (PLAB) test and may have implications on medical workforce supply, given that current legislation which governs these processes, particularly specialist applications, is outdated and cumbersome.
- 15** In Northern Ireland we are working on a project to identify a range of regulatory issues that require further consideration as the Northern Ireland Executive's [policy](#) to increase the cross border delivery of healthcare is implemented.

GP expansion (England)

- 16** We are contributing to a NHS England led programme to recruit approximately 2000 GPs from overseas in the next few years. We will be working with colleagues from RCGP, Department of Health (England) and HEE to ensure the success of this programme while assuring that only doctors who are fit and safe to practise can join the medical register.

Legislative Reform

- 17** We understand that a consultation on the reform of professional regulation has been signed off by Department of Health (England) Ministers. We anticipate publication in the near future and are preparing for this. With the Department we are continuing to explore options for legislation that would support our aspirations for greater autonomy to deliver our functions, in a more targeted and proportionate way, befitting a 21st century regulator working in a fast changing professional and system environment.
- 18** We have recently met with Philip Dunne, Minister for Health (England) and Vaughan Gething, Cabinet Secretary for Health, Wellbeing and Sport (Wales) to discuss the urgent need for reform in the interests of workforce expansion and flexibility, reducing regulatory burden and patient safety. We ask Forum members to respond to the upcoming consultation positively to help us secure these much needed reforms and are happy to discuss this further with you.
- 19** The Secretary of State for Health (England) has announced a consultation on the future regulation of Physician Associates.
- 20** It is our view that Physician Associates should be subject to statutory regulation in order to enable them to fulfil their proposed function most effectively, in the interests of patients and the public. If asked by the four UK Governments we would carefully

consider any request made for us to take on the role, noting the potentially significant operational and policy implications which would need to be addressed first.

Supporting medical students and trainees with disabilities

- 21** We have established a Health and Disability Review Steering Group, chaired by Professor Bill Reid, to look at how disabled students and doctors are supported throughout medical education to improve access to the profession.
- 22** The steering group met for the first time on 16 June 2017, and we plan to hold roundtable events across the UK this autumn bringing together students, doctors, educators and employers to discuss their experiences, current challenges, examples of good practice and possible solutions. The work of the group will lead to a revision of our [Gateways to the professions](#) guidance aimed at educators.

Outcome for Graduates review

- 23** We are currently reviewing our [Outcomes for graduates](#), first published in 2009. We now need to review these to ensure they take account of changes in medicine and medical education and training over recent years. A consultation detailing our proposals in this area was published on 4 October.
- 24** We will consider the consultation responses in early 2018 and hope to publish a new version of the outcomes in summer 2018.

Medical Licensing Assessment

- 25** The Medical Licensing Assessment (MLA) consultation ran from January to April 2017. More than 400 responses were received, with over 100 from organisations, including 32 medical schools. Thank you to all Forum members who contributed.
- 26** Overall, about two thirds of responses supported the aim of demonstrating that those who obtain registration with a licence to practise can meet a common threshold for safe practice; and 45% said our proposals would meet the aim. But many responses, from medical schools in particular, raised practical concerns: especially about the feasibility of delivering a common clinical and professional skills assessment (CPSA) by 2022.
- 27** We are now considering the best way to deliver the aim and benefits of the MLA, while taking on board the views expressed in the consultation. Over the coming months we will discuss with stakeholders and delivery partners, including the Medical Schools Council, our own MLA Expert Reference Group and local workshops across the UK, and will develop detailed proposals for submission to GMC Council in December 2017.

Postgraduate Education Reforms and Reviews

- 28** In August 2017, the UK Shape of Training Steering Group published its [report](#) on the implementation of recommendations from Professor David Greenaway's [Shape of Training review](#). We welcome the report, which was supported by Ministers in the four countries, and will study its recommendations carefully.
- 29** New standards and guidance to reform postgraduate medical curricula, [Excellence by design](#), launched in May 2017. It puts an emphasis on generic professional skills and greater choice in further training throughout the development of doctor's careers, building on our review of the flexibility of training.
- 30** Supporting more flexible training is an important consideration in promoting the health and wellbeing of doctors in training. We are working to implement the commitments outlined in our [plan for improving the flexibility of training](#), published in March 2017.
- 31** In July 2017 we published the initial findings of our [National Training Surveys](#), annual UK-wide surveys of more than 53,000 doctors in training and 24,577 trainers. The findings showed that workload pressure remains high with over half of those surveyed saying they work beyond their rostered hours at least weekly, and more than a fifth claiming working patterns regularly leave them short of sleep. Our data also shows that increasing numbers of doctors in training are taking career breaks after Foundation Year Two. It is our intention to publish more detailed analysis later this autumn.
- 32** We recognise that an improved work-life balance is a concern for many doctors in training, and we have prepared revised guidance on less than full-time training which we intend to publish in the autumn. The guidance will underline the flexibility that Deans have to approve less than full-time training, subject to safeguards around service need and continuity of training.
- 33** More broadly, but related, we continue to be concerned about the health and welfare of all doctors because of the impact on doctors themselves, the potential impact on patients and the risk that, unaddressed, good doctors can end up leaving the profession altogether.
- 34** We are committed to taking a leadership role in reflecting, with our partners across the UK, on what more we should and could be doing to address these issues for Doctors in Training and hope to convene a group to reflect on all current and possible future initiatives later this year.

Upstream regulation: preventing harm and supporting professionalism

Taking Revalidation Forward

35 Following the publication of Sir Keith Pearson’s review of revalidation *Taking Revalidation Forward* in January 2017, and his recommendations to improve some aspects of revalidation, we published our [action plan for the Taking Revalidation Forward Programme](#) on 20 July 2017. Work is currently underway against all GMC commitments and progress is being monitored by the cross-UK Revalidation Oversight Group.

Consent

36 We are currently working to review our Consent guidance with a planned consultation in spring 2018 following feedback from our partners and key interest groups. During the first stage of our review, we have appreciated the invaluable support of partners around the UK who have supported our Task and Finish Group.

Promoting Professionalism

- 37** We continue to support doctors, educators and patients in understanding and adopting our professional guidance in delivering good medical practice. Our Regional Liaison Service (England) and offices across the four countries of the UK work with over 40,000 doctors each year on the application of our guidance to their work.
- 38** We are in the process of expanding our Welcome to UK Practice (WtUKP) Programme for new registrants. The programme is a free half-day learning session designed to help doctors who are new to UK practice, or new to the country, to understand the ethical issues that will affect them and their patients on a day to day basis.

Corporate Strategy 2018 - 2020

- 39** We are in the final stages of developing our Corporate Strategy for 2018 – 2020. It is our ambition to become a more agile, confident and connected regulator. We are committed to making a positive, relevant and evidence based contribution to the four healthcare systems in which we work, ensuring we are proportionate in all we do during a period of continuing pressure.
- 40** It is our intention to formally launch the Corporate Strategy in March 2018. We will provide a fuller update at the Forum.

Agenda item:	Sharing to Improve
Agenda title:	External Agenda Item: Annual report from the Sharing Intelligence for Health and Social Care Group 2016-17 – <i>Sharing to Improve</i>
Report by:	Brian Robson , Medical Director, Healthcare Improvement Scotland.
Action:	To consider

Executive summary

As the GMC devotes ever more resource to data and insight it welcomes the second annual report from Scotland's Sharing Intelligence for Health & Social Care Group.

The Group has been fully functioning for two years with participation from 6 national partners – HIS, NES, Audit Scotland, the Care inspectorate, NSS and the Mental Welfare Commission. This year the Group reports that it has enhanced collective learning from the intelligence they shared, and how they engage with NHS boards about that.

This agenda item aims to:

- Provide an overview of the Sharing Intelligence for Health and Social Care Group and its successes;
- Explore the Group's ambition to consider how it might usefully liaise with the regulators of individual care professions, specifically in relation to intelligence about systems and services (not about individual practitioners). We will continue to look at this with the professional regulators;
- Consider how the GMC and others can become better connected, relevant and engaged in the health system in Scotland, contributing our data and insights and benefiting from those of other system partners in order to identify and act on emerging risk to patients, practice or medical education – and promote improvement and learning.

Recommendation

To provide an overview and encourage discussion.

Agenda item:	Medical Workforce
Agenda title:	Medical workforce, Quality and Safety International Medical Recruitment – a <i>Collaboration</i> Scottish Academy/GMC/Medical Directors/Scottish Government.
Report by:	Victoria Carson , Head of Scottish Affairs, Strategy and Communication Directorate Victoria.carson@gmc-uk.org , 0131 525 8706
Action:	To consider

Executive summary

International recruitment of doctors in training offers an opportunity to support capacity building in low-middle income countries, brings an international dimension to the workforce providing an opportunity for long term relationships to develop, and helps with service provision for rotas with high locum spend.

The Scottish International Medical Training Fellowship (IMTF) was developed by the Scottish Government Health Workforce, in partnership with NHS Education Scotland (NES) and medical staffing HR colleagues, and is now in their third year of recruitment. The Cabinet Secretary for Health and Sport is extremely supportive of the scheme and has written to all Health Boards to urge them to support this route of employment for international doctors.

Both Scottish Government and NES recognise and value the partnership work with a number of organisations in the successful implementation and further development of the IMTF program: Medical Royal Colleges through the Scottish Academy have an invaluable role in recruitment and support of doctors in the MTI scheme; the General Medical Councils 'Welcome to the UK Practice' programme and support in providing an 'information package' is greatly valued; the Board HR medical staffing subgroup are key in the local recruitment process.

The presentation will provide an overview of the IMTF scheme and highlight the partnership work already established and how we can work together to provide a high quality experience for International Doctors, Boards and NHS Scotland Services.

Recommendation:

To provide an overview and encourage discussion.



Dear Colleague

SUSTAINING MEDICAL WORKFORCE IN SCOTLAND – SECOND CALL FOR PROPOSALS FOR INTERNATIONAL MEDICAL TRAINING FELLOWSHIP POSTS

The Scottish International Medical Training Fellowship (IMTF) program has successfully recruited doctors from abroad to work in NHS Scotland for several years. This is recognised as a valuable opportunity for Health Boards to positively manage long term rota gaps, whilst providing high quality education and training opportunities for International doctors.

Assessment of the response to the first call for proposals in August 2017 (DL(2017)17) suggests that this opportunity has not been utilised to its full potential across NHS Scotland, with only 12 proposals from 4 Boards. Given the high level of locum spend and of gaps in service rotas, particularly in some high pressure specialties, we are reissuing this request to apply for IMTF recruitment.

Chief Executives, Medical Directors and HRD's are asked to ensure that this opportunity is made visible and available to the full range of clinical services, and particularly brought to the attention of specialties known to be under pressure from vacancy and service gaps. I would also request that clinical service managers are made aware both of the Cabinet Secretary for Health and Sport's explicit support for the International Medical Training Fellowship program and of the imperative to reduce locum spend and improve service stability.

You are being asked to consider where your Board could offer such Fellowship(s). They can be in any clinical area but must comprise a strong educational component. These fellowships are primarily aimed at trainees who have completed the training programme abroad, and their expected clinical contribution will be up to senior trainee level. Fellowships providing experience in more than one hospital would be welcomed. The educational content and service/training balance of the posts require to be approved by NES Specialty Training Boards prior to going forward to recruitment. The IMTF program is described in the Annex attached. Please note that NHS Boards require to commit to meeting the salary component as part of the post approval process.

Please submit further expressions of interest and outline of proposed Fellowships on the attached proforma to John Colvin (Kieren.green@gov.scot) by 27th October 2017.

Yours sincerely

SHIRLEY ROGERS
Director of Health Workforce and Strategic Change
St Andrew's House, R
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02 October 2017

Addresses

For action

Chief Executives
Medical Directors
Human Resource Directors

For information

Scottish Shape of Training
Transition Group

Enquiries to:

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SUSTAINING MEDICAL WORKFORCE IN SCOTLAND - SCOTTISH INTERNATIONAL MEDICAL TRAINING FELLOWSHIP PROGRAMME

Context

1. We have developed a number of approaches aimed at supporting the sustainability of the Scottish workforce, both medical and non-medical, which align to services being delivered by the acute and primary care sectors in new ways. The National Health and Social Care Delivery Plan, National Workforce Plan and proposals within the Shape of Training, are forming the basis of our approach to future workforce planning.

A Structured Approach to the Management of Long Term Rota Gaps

2. We recognise the challenge of providing medical care at the 'middle grade level' in a high quality and sustainable way whilst managing rotas with long term vacancies. The Scottish International Medical Training Fellowship programme offers Boards the option of recruiting to high quality International Medical Training Fellowship posts. This programme recognises the need for high quality educational governance by offering a framework which not only supports those doctors recruited into the scheme, but also aims to improve the training environment for those doctors working in rotas with gaps and long term vacancies. Alongside promoting Scotland's reputation as a world class location for high quality training and education, this fellowship provides a structured opportunity to support safe clinical service delivery and reduce locum spending.

Global Citizenship: Scotland's International Development Strategy

3. The Medical Training Initiative (MTI) scheme is a recognised and valuable route of entry into Scottish International Medical Training Fellowships for those doctors coming from Low Income and Low Middle Income Countries (by World Bank definition). MTI is supported by a number of Medical Royal Colleges including The Royal College of Physicians of Edinburgh MTI partnership with Scottish Government and the Royal College of Physicians and Surgeons of Glasgow Livingstone Fellowships. It has been agreed to further develop the Scottish Government partnership with the Medical Royal Colleges through the Scottish Academy. We very much value this collaborative partnership with the Colleges and with NES, particularly the significant support and international networks which the Colleges have in place for these doctors.

Background

4. The posts will be one or two year Training Fellowships aimed primarily at overseas doctors who have completed specialty training in their 'home' Country, but could also be available for post-CCT UK trained doctors. These posts will provide service delivery for NHSScotland, and educational outcomes and experience for the postholders.

5. Scottish International Medical Training Fellowships are complementary to the suite of current Fellowship schemes by enhancing and promoting an international recruitment dimension.

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6. NHS Scotland has a reputation for high quality clinical training based upon our partnerships with Universities and Medical Royal Colleges. Many clinicians now working overseas trained in Scotland, and are Fellows/Members of our Medical Royal Colleges. This has resulted in a network of personal contacts that can now be used for the mutual benefit of NHS Scotland and the overseas doctors and their health services. In most Countries, secondary care doctors are specialty trained in 4 years; in contrast specialty training in the UK can take between 6-8 years. Overseas doctors would therefore value a further period of training if it was recognised to have strong educational content. A high quality post training Fellowship would enhance these doctors' career prospects and contribution when they return home and such individuals would likely return to their own countries enriched by the experience. The training for those doctors from Low Income and Middle Income Countries offers an opportunity for capacity building in their health systems and helps to deliver Scotland's commitment to the Sustainable Development Goals.

Visa Requirements for Entry to the UK

7. A number of options may be available depending on country of origin and individual doctors' requirements. Doctors coming from EEA countries and Switzerland do not require a visa to work in Scotland.

8. The Medical Training Initiative, run by the Academy of Medical Royal Colleges, is a recognised route of entry for doctors from Low Income and Middle Income Countries to come to Scotland to train. These doctors require a Tier 5 certificate of sponsorship which is provided by the Colleges, alongside support and mentorship whilst in the Country.

9. For those doctors who require a Tier 2, the Lead Sponsor will be the employing Health Board. Work is currently underway to review the Shortage Occupation List and ensure that specialties with long term training gaps are included. These doctors will also require a range of support similar to Tier 5 doctors. We are currently developing this with Medical Royal Colleges through the Scottish Academy.

Identification of posts

- Boards are invited to submit proposals on the attached proforma for International Medical Training Fellowships in any specialty. The positions must have a number of components including :
 - A well-defined clinical training and / or Academic development opportunity with clear educational objectives
 - An agreed source of funding
 - A defined service component that is compatible with or ideally complementary to the clinical / Academic objectives
 - Training Programme Director agreement that appropriate educational opportunities are identified that do not compromise and ideally enhance the training environment for mainstream Scottish training programmes.
 - A tailored induction programme, with recognition of the extra support that doctors coming from abroad may require, and realistic departmental expectations of hosting an International Fellow.

- NES Specialty Training Boards (STBs), including representatives from Royal Colleges and Faculties, will assess the academic / training content in the context of the service delivery and the needs of the training programmes across Scotland. The STBs will advise if the posts are supported from an educational perspective. Proposed posts will therefore require a clear description of the expected educational outcomes or academic development, and agreement of the Training Programme Director (TPD) or Directors of the relevant programme(s) before submission.
- Boards will fund the salary for the posts and any discretionary Bursary/expenses, and support the doctors through their existing HR and Medical Education mechanisms. Individual Boards will be responsible for employing the successful Fellow. Funding for the posts must be identified by the employing Health Board, and confirmed as part of the application for post approval in September 2017.
- NES and Directors of Medical Education will support the Board's delivery and supervision / assessment of the training and academic development aspects of the posts through their TPD networks. TPD's will be asked to confirm that the posts have no negative impact on mainstream training posts.
- The SMT HR Subgroup will support preparation of job description and person specification for IMTFs to ensure consistency of required qualifications, information and terms & conditions. This will allow for an online recruitment process to be used as one of the routes of application.

Recruitment and selection

- The posts will be advertised internationally as "International Medical Training Fellowships in Scotland". NES will fund an online and print campaign, similar in scope to last year using an agreed advert and Board information. Boards are expected to ensure the addition of posts to the agreed advert and to place details on SHOW/medical microsite.
- Applicants will also be sought through established International and Global Partnership networks of Medical Royal Colleges, Academic Institutions and Health Service networks.
- Recruitment will be conducted in accordance with the Code of Practice for the International Recruitment of Healthcare Professionals in Scotland and embrace best practice. There are already existing mechanisms to employ EU nationals including indigenous UK doctors.
- If the successful candidate requires Tier 2 sponsorship this will be provided by the employing health board. For candidates coming from Low Income and Low Middle Income Countries (World Bank definition), the use of the Medical Training Initiative Scheme based on Tier 5 visa sponsorship may be more appropriate.
- Initial selection will be managed by NES utilizing national online recruitment capacity in partnership with Health Board medical staffing and local Dept input to agree an application form and long listing criteria. Final selection will be managed by NHS Board Medical Staffing Departments supported by specialty expertise from STB's using collaborative mechanisms, now well tested under the Scottish Medical Training process.

Support systems should be in place to facilitate application, recruitment and employment. We would advocate the use of telephone interviews, providing a named human resources contact person and supplying information packs on living and working in Scotland and your Health Board. We would encourage you to consider support in helping to find accommodation, registering a bank account and adjusting to the UK climate. It is vital that the host department recognises that the trainee will have come from a different working environment, and has a realistic expectation to create the appropriate support for the trainee in order to maximise their benefit and also the department's experience of training them. The GMC runs a 'Welcome to the UK Practice' half day course, which we would recommend attendance to. Local Departmental support is supported and augmented by Medical Royal Colleges through the MTI program. We are currently scoping provision of similar national support for tier 2 visa applicants with Scottish Academy.

Timelines and Costs

- Boards will be invited to submit proposals for the Fellowships by 15th September 2017. STBs will consider applications and issue approval by end of September 2017.
- The SMT HR Subgroup will form have an agreed person specification and job description in place by October 2017. This lead team will also agree the text of the advertisement and core job pack information, and agree interview arrangements.
- A timetable will be issued by NES co-ordinating application windows with the national recruitment rounds. It is anticipated that 3 recruitment rounds aligned with Round 1, Round 2 and Round 2 readvert would be possible. Advertisement and international online advertising for the first round will take place in October 2017.
- Interviews will be undertaken as soon as possible after the 4 weeks required advertising and application window, with identification of suitable candidates by three months after the advert opens either utilizing existing round 2 assessment centre arrangements or at single centre interviews.
- The posts will commence in August 2018 or at a mutually agreed date dependent upon visa and other employment requirements.
- Funding for the posts is to be identified by the employing Health Board, and agreement must be in writing accompanying the application for approval in September 2017.
- Boards should also detail posts which have been approved by the relevant STB in previous years if they wish to recruit to them in the following year.

APPLICATION FOR THE ESTABLISHMENT OF INTERNATIONAL MEDICAL TRAINING FELLOWSHIP

Specialty and Title of Post	
Named contact persons: Educational or Clinical Supervisor Human Resources	Name and contact details:
Description of placements and location	
Service contribution	
Educational/ training content and Educational Outcomes/ Academic Development opportunity if applicable Educational Governance arrangements	
Training Programme Director Approval?	YES/NO name of TPD
Local Post Graduate Dean Approval?	YES/NO Name of PGD
Director of Medical Education approval	YES/NO Name of DME
Health and Wellbeing: Description of mechanisms which will be in place to support the transition of the fellow into the department: <ul style="list-style-type: none"> a) During selection and recruitment (e.g. telephone interviews, provision of information packs, specific named contact in HR b) Supporting employment (e.g. visa arrangements, GMC registration) c) Preparing the trainee for change in environment and introduction to NHS Scotland (e.g. use of 'buddy' system to help doctor adjust to social/cultural differences, time off to allow attendance to GMC Welcome to the UK course, any local measures which are in place) d) Departmental expectation and support for hosting an International doctor (e.g. length of time allowed to 'settle in' prior to service/on call requirements) 	
Confirmation of source of funding and agreement by appropriate budget holder	YES/NO Name and designation of budget holder:

Agenda item:	Upstream Regulation
Agenda title:	Promoting Professionalism: Supporting Refugee Doctors through our Welcome to UK Practice Programme
Report by:	Victoria Carson , Head of Scottish Affairs, Strategy and Communication Directorate Victoria.carson@gmc-uk.org , 0131 525 8706
Action:	To consider

Executive summary

Earlier this year the Scottish Government provided over £160,000 to a New Refugee Doctors Project run by the Bridges Programme in partnership with the British Medical Association (BMA), NHS Education for Scotland (NES), Glasgow Clyde College and the City of Glasgow College. The Programme aims to support medically trained and qualified refugees to achieve medical registration and contribute their skills to NHS Scotland, as well as offering a long-term package of support.

Adapting our Welcome to UK Practice programme, we teamed up with the Programme to support the group to understand how to work effectively in NHS Scotland from a GMC perspective.

We met with over 20 Refugee and Asylum Seeker doctors (all at different stages of their journey towards GMC registration) to promote our guidance and to help them to understand the ethical issues that will affect them and their patients on a day to day basis.

The presentation will provide an overview of the promoting professionalism programme of which Welcome to UK Practice is a part and will highlight through the voice of a Refugee Doctor (or a video) the challenges which this cohort of doctors face when trying to work in Scotland and how the Welcome to UK Practice programme helped them to address some of the challenges.

Recommendation

To provide an overview and encourage discussion.